

# JOINT PREVENTIVE MEDICINE POLICY GROUP (JPMPG) CHARTER, 12 MARCH 1997

## Proponent

The proponent for this document is the Department of Defense (Health Affairs)

## Web Site Location

This document is at <http://www.ha.osd.mil/main/chrjpmmp.html>.

## Definition

*Operation Plan: (DOD) - Any plan, except for the Single Integrated Operation Plan, for the conduct of military operations. Plans are prepared by combatant commanders in response to requirements established by the Chairman of the Joint Chiefs of Staff and by commanders of subordinate commands in response to requirements tasked by the establishing unified commander. Operation plans are prepared in either a complete format (OPLAN) or a concept plan (CONPLAN). The CONPLAN can be published with or without a time-phased force and deployment data (TPFDD) file.*

*OPLAN--An operation plan for the conduct of joint operations that can be used as a basis for development of an operation order (OPORD). An OPLAN identifies the forces and supplies required to execute the CINC's Strategic Concept and a movement schedule of these resources to the theater of operations. The forces and supplies are identified in TPFDD files. OPLANs will include all phases of the tasked operation. The plan is prepared with the appropriate annexes, appendixes, and TPFDD files as described in the Joint Operation Planning and Execution System manuals containing planning policies, procedures, and formats. Also called OPLAN.*

*CONPLAN--An operation plan in an abbreviated format that would require considerable expansion or alteration to convert it into an OPLAN or OPORD. A CONPLAN contains the CINC's Strategic Concept and those annexes and appendixes deemed necessary by the combatant commander to complete planning. Generally, detailed support requirements are not calculated and TPFDD files are not prepared.*

*CONPLAN with TPFDD--A CONPLAN with TPFDD is the same as a CONPLAN except that it requires more detailed planning for phased deployment of forces. See also operation order; time-phased force and deployment data.*

## Synopsis

The group's major focus is to develop and draft DoD preventive medicine policies to include in OPLANS.

Members of the JPMPG Plenary Council are US DoD (Environmental Security); Armed Forces Epidemiology Board; Armed Forces Medical Intelligence Center; Armed Forces Pest Management Board; Combatant Commands (at least 2); US Army Center for Health Promotion & Preventive Medicine; US Army Medical Research and Materiel Command; Navy Environmental Health Center, USAF Armstrong Laboratories, and others.



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The short-term plan has six "deliverables." The deliverables are (1) a preventive medicine appendix to Annex Q; (2) Patriot MedStar screening evaluation; (3) DMSS migration plan; (4) automated immunization tracking; (5) a preventive medicine chapter in MRSP; and (6) input to the draft Joint Publication 4-02.

The group will furnish details for implementing a DODI and outline CINCS/Services/J Staff/DoD roles and responsibilities for standardizing procedures and evaluating results.

Long term goals are: to establish a routine, robust, high quality deployment medical surveillance program; realize the potential of DMSS; and advocate a healthy and fit force.

## What Does This Mean for Military Public Health?

To support the initiatives in this charter we must adopt the following themes common to other documents on our list.

- ◆ create a common culture throughout the DoD that values health and fitness. We will focus on value-added products and services that will increase our ability to help shape the international HP & PM environment of tomorrow;
- ◆ USACHPPM could serve as a center of excellence for the full spectrum of health promotion and preventive medicine services in managing the health of our soldiers and beneficiaries;
- ◆ assist with the development of a Joint service approach in addressing the health promotion and preventive medicine needs of commanders, especially the CINCs;
- ◆ assist the Army Medical Department (AMEDD) Center and School and other service schools in developing solutions to address lessons learned and doctrine, training, leader development, organization, materiel, and soldiers (DTLOMS) deficiencies;
- ◆ integrate comprehensive, population-based functional and surveillance medical information systems such as: DMSS, DOHRS, DVIS, DEESS, HHA, MIDI, etc;
- ◆ optimize the use of technology to obtain, evaluate, and disseminate preventive medicine information;
- ◆ disseminate this integrated health information to commanders, policy makers and individuals who can act to influence health and prevent diseases and injuries; and
- ◆ organize to provide commanders health risk information they can use to make informed operational decisions.